



Town of Framingham

BOARD OF HEALTH

DISPOSAL WORKS INSTALLER'S APPLICATION **FOR PERMIT**

Permit# _____

Fee: \$100.00

The undersigned hereby applies for a Disposal Works Installer's Permit to construct, alter, install, or repair subsurface sewage disposal systems as required by the provisions of the State Environmental Code, Title V, and the rules and the regulations of the Framingham Board of Health.

Firm or Corporation making application

Name of Contact Person

Address

Contact Person's Telephone number

I hereby certify that I have read and fully understand the subsurface sewage disposal system requirements of the State Environmental Code, Title V, and that I agree to comply with such regulations as existing, or from time to time be amended, and that I am familiar with the construction practices and inspection requirements.

Signature of Applicant

**** Please be advised that if you have not previously been licensed in the Town of Framingham, please attach a copy of your Installer's License from another community in the Commonwealth. At the Board's discretion, you may be requested to take and pass an exam to demonstrate your knowledge of the State Environmental Code and associated installation practices.**